



FACT SHEET

Refugee Eligibility for Medicaid

October 30, 2000

Note: The footnotes in this fact sheet contain information that many readers will find helpful. We encourage you to read them.

What is Medicaid?

The Medicaid program pays for health care provided to low-income people who are children, parent and caretaker relatives of minor children, pregnant, aged, blind, or disabled.¹ In addition, most individuals receiving Supplemental Security Income (SSI) benefits are eligible for Medicaid.² Each State determines its Medicaid income eligibility limits.³ Medicaid is jointly funded by the federal and state governments.

Can refugees receive Medicaid benefits?

As a result of a combination of federal and state legislation, **all but a handful of refugees⁴ can currently receive Medicaid benefits** if they meet all the requirements for eligibility (such as having limited income and resources and being aged or disabled). Almost all refugees are members of at least one of the following groups that are eligible for Medicaid benefits:

¹ The upper age limit for children varies among the states, ranging from 18 to 21 years. "Aged" is defined as 65 years of age or older. For adults, disability is defined by the federal government as the inability to engage in substantial gainful employment because of a medically determinable impairment that has lasted or is expected to last at least 12 months or end in death. For children, disability is defined by the federal government as having a medically determinable physical or mental impairment that results in marked and severe functional limitations and that has lasted or is expected to last at least 12 months or end in death. States may choose to use more restrictive definitions of disability or blindness than those used by the federal government.

² Some states restrict provision of Medicaid to certain SSI recipients who meet state-specified criteria. For more information on SSI, see ISED's *Fact Sheet: Refugee Eligibility for Supplemental Security Income (SSI)*.

³ States set income eligibility limits as a percent of the national poverty level. For example, a state may set its eligibility limit at 150% of the federal poverty level. The Year 2000 federal poverty level for a family of four in the 48 contiguous states and the District of Columbia is \$17,050. So in the example state, a family of four is eligible for Medicaid benefits if the household income is under \$25,575. The federal poverty levels are slightly higher in Alaska and Hawaii.

⁴ Asylees (but not asylum applicants), Cuban and Haitian entrants, and certain Amerasian immigrants from Vietnam are treated the same as refugees for the purpose of determining federal benefits eligibility. The only refugees currently ineligible for Medicaid on the grounds of immigration status are refugees living in Wyoming who have been in the U.S. longer than seven years and are not members of one of the groups in the bulleted list on the next page.

- **Citizens.** Refugees who have become naturalized citizens are eligible for Medicaid under the same rules as native-born citizens.

All refugees during their first seven years in the U.S. During their first seven years in the U.S.,⁵ low-income refugees are eligible for Medicaid under the same rules as native-born citizens.

- **Refugees who were living in the U.S. on August 22, 1996, and become disabled after that date.** Refugees who were living in the U.S. on August 22, 1996, and become blind or disabled after that date are eligible for benefits if they meet other Medicaid requirements, regardless of when they apply or when the disability begins.
- **Refugees who receive SSI.** Individuals who receive Supplemental Security Income (SSI)⁶ benefits are also eligible for Medicaid.

Long-term workers and certain of their immediate family members. Refugees who have worked 40 quarters or can be credited with 40 quarters of work that qualify under the Social Security Act *and* who have adjusted their status to lawfully admitted permanent resident are eligible for Medicaid under the same rules as citizens. Spouses receive credit for the quarters worked by their husbands/wives; children receive credit for the quarters worked by their parents while the children were under the age of 18 (even if the children are now over the age of 18).⁷

- **Armed Forces active personnel and veterans, and certain of their immediate family members.** Refugees who are currently in the Armed Forces and those who are veterans with honorable discharges who have met minimum active-duty requirements are eligible for Medicaid under the same rules as citizens. The unmarried dependent children and most spouses (including unremarried surviving spouses of deceased veterans) of these refugees also can be eligible for Medicaid if they are legally residing in the United States.

State options. States have the option to provide Medicaid benefits to additional refugees. For example, all states except Wyoming provide benefits to eligible refugees who arrived in the United States before August 22, 1996, regardless of their length of time in the U.S. As for refugees arriving after August 22, 1996, most states have chosen to provide Medicaid coverage even after the refugees' first seven years in the U.S., resulting in continuous Medicaid eligibility for almost all refugees.⁸ Many states also provide benefits to all refugee children who meet the financial standard, regardless of their date of entry or length of time in the U.S.

Medicaid coverage for **emergency medical assistance** must be provided to **all** immigrants, including refugees, who meet the Medicaid eligibility requirements, regardless of their

⁵ Asylees are eligible for Medicaid for seven years after being granted such status.

⁶ For more information on SSI, see ISED's *Fact Sheet: Refugee Eligibility for Supplemental Security Income (SSI)*.

⁷ For qualifying quarters worked after December 31, 1996, to be credited, the refugee and anyone else whose quarters the refugee is claiming cannot have received "federal means-tested public benefits"—which include Temporary Assistance for Needy Families, Aid to Families with Dependent Children, Supplemental Security Income, Food Stamps, Medicaid, and State Children's Health Insurance Program benefits—during the quarter.

⁸ After August 22, 2003, refugees who (a) live in states that have not made this choice; (b) entered the country after August 22, 1996; (c) have been in the U.S. longer than seven years; and (d) are not members of one of the bulleted groups will not be eligible for Medicaid benefits.

immigration status or date of arrival in the U.S. Emergency medical services include treatment of medical conditions with *acute* symptoms that are life-threatening, impair bodily functions, or cause serious dysfunction of any bodily organ or part.⁹ All labor and delivery services are considered emergency medical services.

Are Medicaid recipients required to pay deductibles, co-payments, and premiums?

States may require specific categories of recipients to pay insurance premiums, as well as deductibles and/or co-payments for certain services.¹⁰ However, for most Medicaid recipients, deductibles and premiums are prohibited and co-payments are limited to nominal amounts.

Are refugees who are not eligible for Medicaid eligible for Refugee Medical Assistance (RMA)?

Federally-funded RMA is available to low-income refugees who are not eligible for Medicaid or the State Children's Health Insurance Program, but only for their first eight months in the U.S. Each state determines its RMA financial eligibility standard.¹¹ Refugees living in the U.S. for fewer than eight months who lose their Medicaid eligibility because of earnings from employment are automatically transferred to the RMA program for health care coverage without an eligibility determination.

Will using Medicaid benefits affect refugees' immigration status or eligibility for naturalization?

Some non-citizens are afraid to use public benefits like Medicaid because they think using them will count against them when they apply for Lawful Permanent Resident (LPR) status (the "Green Card") or naturalization. This concern is based on the possibility that some immigrants could be denied LPR status if the Immigration and Naturalization Service determines that they may become a *public charge* in the future. Becoming a public charge means the individual is primarily dependent on the government for financial support.

Public charge determination is **not** a problem for refugees who are receiving Medicaid benefits. Refugees are **exempt** from public charge determinations for the purposes of admission and adjustment to LPR status. Refugees can use **any** public benefit, including institutionalization for long-term care and other forms of health care, without jeopardizing their chances of getting a "Green Card." Public charge determinations are not part of the naturalization process, so using public benefits does not affect an individual's eligibility for citizenship.

⁹ Thus, for example, a refugee who does not fit into one of the bulleted groups could be covered by Medicaid for treatment in a hospital for life-threatening injuries sustained in an automobile accident, assuming the refugee meets Medicaid eligibility requirements.

¹⁰ States may not require co-payments for emergency services, family planning services, immunizations, or well-baby, well-child, and well-adolescent visits.

¹¹ States may use a financial eligibility standard of up to 200 percent of the federal poverty level.

How can I obtain more information about eligibility for Medicaid?

For more information about eligibility for the Medicaid program in your state, you may:

- Call the toll-free Medicaid number in your state, which is listed on the Health Care Financing Administration's web site: <http://www.hcfa.gov/medicaid/obs5.htm>.
- Call your local public assistance office.

Additional information about the Medicaid program is available at the HCFA web site (<http://www.hcfa.gov/medicaid/medicaid.htm>).

Sources:

Budget Reconciliation Summary of Welfare Provisions. National Governors' Association, August 8, 1997.

Link Between Medicaid and SSI Coverage of Children under Welfare Reform. Health Care Financing Administration, October 18, 1996.

The New Children's Health Insurance Program: Should States Expand Medicaid? The Urban Institute, Alan Weil, 1998.

State Options to Assist Legal Immigrants Ineligible for Federal Benefits. Center on Budget and Policy Priorities, Kelly Carmody, February 25, 1998.

State Snapshots of Public Benefits for Immigrants: A Supplemental Report to "Patchwork Policies." The Urban Institute, Karen C. Tumlin, Wendy Zimmermann, & Jason Ost, August, 1999.

Summary of the Immigrant Provisions of the Balanced Budget Act. National Immigration Law Center, August 22, 1997.

Welfare Reform & Immigrants: Medical Assistance & Health Benefits. Immigrant Policy Project at the National Conference of State Legislatures, November 29, 1997.

Notes:

We encourage you to copy and disseminate this Fact Sheet. We ask only that you acknowledge ISED's Refugee Welfare and Immigration Reform Project.

For additional information about the Project, visit our web site (www.ised.org), e-mail us at RWIRP@ISED.ORG, or contact us at the address and telephone number on the front of the Fact Sheet.

To the best of our knowledge, information contained in the Fact Sheet was accurate on October 30, 2000. Eligibility requirements for Medicaid may have changed between then and the date on which you are reading the Fact Sheet.

This document was developed with funding from the Office of Refugee Resettlement of the U.S. Department of Health and Human Services (DHHS). The views expressed are those of ISED and may not reflect those of DHHS.

Other fact sheets available from this project: *Refugee Eligibility for Supplemental Security Income (SSI)*, *Refugee Eligibility for Food Stamps, Refugees and Temporary Assistance for Needy Families (TANF)*, and *Refugee Eligibility for the State Children's Health Insurance Program (CHIP)*.

Acknowledgments:

ISED thanks the following individuals and groups for their assistance in developing this fact sheet: Office of Refugee Resettlement, U.S. Department of Health and Human Services; Bob Tomlinson, Health Care Financing Administration; Ann Morse and Jeremy Meadows, Immigration Policy Project of the National Conference of State Legislatures; and Wendy Zimmermann, The Urban Institute.